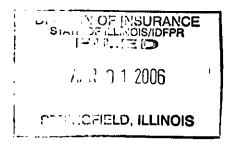
#### **ILLINOIS DEPARTMENT OF INSURANCE**

|      | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)</u> * | (3)<br>Percent<br><u>Change (+ or -)**</u> |
|------|--|---|--|
| 1.   | Automobile Liability Private Passenger Commercial  |   |  |
| 2    | Automobile Physical Damage   |   |  |
|      |  |   |  |
|      | Liability Other Than Auto  |   |  |
| 4.   | Burglary and Theft   | -   |  |
|      | Glass  |   | <del></del>                                |
|      | Fidelity   |   |  |
|      | Surety   |   |  |
|      | Boiler and Machinery   |   |  |
|      | Fire   | <del></del>   |  |
|      | Extended Coverage Inland Marine  | <del></del>   |  |
|      | Homeowners   | · · · · · · · · · · · · · · · · · · ·               | <del></del>                                |
| . —. | Commercial Multi-Peril   | ·   | ···  |
|      | Crop Hail  |   |  |
|      | Other Workers Compensation   | \$14,864,231  | 6.6%                                       |
| Brie | es filing only apply to certain territory (tenders)  of description of filing. (If filing follows rate CI changes approved by circular IL-2005 | es of an advisory organization, specify             | organization): We are filing to adopt the  |
|      | justed to reflect all prior rate changes.<br>nange in Company's premium level which  | n will result from application of new rate          | 9S.  |
|      | _  | Allied F  | P&C Insurance Company                      |
|      | MISURAN  | ICE /   | Name of Company                            |
|      | TUISION OF INSISTIDE   | Maria T Sa  | afreed, State Filing Specialist            |
|      | DISTATEOFICE   | TVIGITE 1. Ce                                       | Official - Title                           |
|      | DIVISION OF INSURAN<br>STATE OF ILLINOIS/IDEA  | 1   |  |
|      | APR 0 1 2006   |   |  |
|      | W. W.  | _ \   |  |
|      | CORINGFIELD, ILL   | INOIS   |  |
|      | CORINGFIELD  |   |  |

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate leve   | el produced by rate revision effective             | 4-1-06   |
|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u>     |
| Automobile Liability Private   |  |  |
| Passenger Commercial   |  |  |
| 2. Automobile Physical Damage  |  |  |
| 3. Liability Other Than Auto   |  |  |
| 4. Burglary and Theft  |  |  |
| 5. Glass   |  |  |
| 6. Fidelity  |  |  |
| 7. Surety _  |  |  |
| 8. Boiler and Machinery  |  |  |
| 9. Fire  |  |  |
| 10. Extended Coverage  |  |  |
| 11. Inland Marine  |  |  |
| 12. Homeowners 13. Commercial Multi-Peril  | <del>_</del> . <del>_</del>                        |  |
| 14. Crop Hail  |  |  |
| 15. Other Workers Compensation   | \$2,542,606  | 5.8%   |
| Line of Insurance  | Ψ2,0+2,000   | 0.076  |
| Does filing only apply to certain territory (te  | rritories) or certain classes? If so, specify:     | No   |
| Brief description of filing. (If filing follows ra<br>NCCI changes approved by circular IL-200 |  | ganization): <u>We are filing to adopt the</u> |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whi           | ch will result from application of new rates.      |  |
|  | A1400  | Incurance Company                              |
|  |  | Insurance Company lame of Company              |
|  | ľ  | idine of Company                               |
|  | Marie T. Safr                                      | eed, State Filing Specialist                   |
|  |  | Official - Title                               |



#### **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

| Change in Company's premium or rate le   | evel produced by rate revision effective   | 3/1/06                                     |
|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private   |  |  |
| Passenger Commercial   |  |  |
| 2. Automobile Physical Damage  |  |  |
| Private Passenger Commercial   | <u> </u>   |  |
| 3. Liability Other Than Auto   |  |  |
| 4. Burglary and Theft  |  |  |
| 5. Glass   |  |  |
| 6. Fidelity  |  |  |
| 7. Surety  |  |  |
| 8. Boiler and Machinery  |  |  |
| 9. Fire  |  |  |
| 10. Extended Coverage  |  |  |
| 11. Inland Marine  |  |  |
| 12. Homeowners   |  |  |
| 13. Commercial Multi-Peril   |  |  |
| 14. Crop Hail  |  |  |
| 15. Other Workers Compensation  Line of Insurance                                    | 4,441,210  | 1.6  |
|  | territories) or certain classes? If so, specify rates of an advisory organization, specify of ating values effective 3/1/06. |  |
| *Adjusted to reflect all prior rate changes<br>**Change in Company's premium level w | hich will result from application of new rates   | S.   |
|  | American Guarantee   | & Liability Insurance Co.                  |
|  | - Amorioan Guarantee   | Name of Company                            |
|  |  |  |
|  | Deni   | se Goode, Secretary                        |
|  |  | Official – Title                           |
|  |  |  |
|  |  | -7   |
|  | COLONICE   | 1  |

MAR 0 1 2006
SPRINGFIELD, ILLINOIS

#### ILLINOIS DEPARTMENT OF INSURANCE

| (1)  | (2)<br>Annual Premium   | (3)<br>Percent     |
|--|---|--------------------|
| <u>Coverage</u>  | Volume (Illinois)*  | Change (+ or -)**  |
| Automobile Liability Private     Passenger Commercial                              |   |                    |
| 2. Automobile Physical Damage Private Passenger Commercial                         |   |                    |
| 3. Liability Other Than Auto   |   |                    |
| Burglary and Theft   |   |                    |
| 5. Glass   | · · · · · ·   |                    |
| 5. Fidelity  | ·   |                    |
| 7. Surety  |   |                    |
| B. Boiler and Machinery  |   |                    |
| ). Fire  |   |                    |
| 0. Extended Coverage   |   |                    |
| 11. Inland Marine  |   |                    |
| 2. Homeowners  |   |                    |
| 3. Commercial Multi-Peril  |   |                    |
| l4. Crop Hail  |   |                    |
| 5. Other Workers Compensation Line of Insurance                                    | 7,067,347   | -0.2               |
| Brief description of filing. (If filing follows ra                                 | rritories) or certain classes? If so, specify: I<br>tes of an advisory organization, specify org<br>ng values effective 1/1/05. | anization):        |
| Adjusted to reflect all prior rate changes. *Change in Company's premium level whi | ch will result from application of new rates.   |                    |
|  | American Zurich II  | nsurance Company   |
|  |   | ame of Company     |
|  | Denise  | e Goode, Secretary |
|  |   | Official – Title   |



#### **SUMMARY SHEET**

|        | Change in Company's premium or rate level produced by rate revision effective |                             |  | 01-01-06                 |  |
|--------|---|-----------------------------|--|--------------------------|--|
|        |   | (1)                         | (2)<br>Annual Premium                            | (3)<br>Percent           |  |
|        | <u>(</u>  | Coverage                    | Volume (Illinois)*                               | <u>Change (+ or -)**</u> |  |
| 1.     |   | ile Liability               |  |                          |  |
|        |   | Passenger                   |  |                          |  |
|        | Comme   | rcial                       |  |                          |  |
| 2.     | Automob   | ile Physical Damage         |  |                          |  |
|        | Private l   | Passenger                   |  |                          |  |
|        | Comme   | rcial                       |  |                          |  |
| 3.     | Liability (   | Other Than Auto             |  |                          |  |
| 4.     | Burglary  | and Theft                   |  |                          |  |
| 5.     | Glass   |                             |  |                          |  |
| 6.     | Fidelity  |                             |  |                          |  |
| 7.     | Surety  |                             |  |                          |  |
| 8.     | Boiler an   | d Machinery                 |  |                          |  |
| 9.     | Fire  | •                           |  |                          |  |
| 10.    | Extended  | Coverage                    |  |                          |  |
| 11.    | Inland Ma   | arine                       | <del></del>                                      |                          |  |
| 12.    | Homeow  | ners                        |  |                          |  |
| 13.    | Commerc   | ial Multi-Peril             |  |                          |  |
| 14.    | Crop Hai  | l                           |  |                          |  |
| 15.    | Other   | Workers'                    | \$85.00  | +6.3%                    |  |
|        |   | Compensation                |  |                          |  |
|        |   | Line of Insurance           |  |                          |  |
|        |   |                             |  |                          |  |
|        | filing only ap  | oply to certain territory ( | territories) or certain classes? If so, specify: |                          |  |
| N/A    |   |                             |  |                          |  |
|        |   |                             |  |                          |  |
|        |   |                             | vs rates of an advisory organization, specify of | organization):           |  |
| Filing | revised rate  | s, minimum premiums a       | nd miscellaneous values.                         |                          |  |
|        |   |                             |  |                          |  |
| * A    | djusted to re   | flect all prior rate chang  | es.  |                          |  |

\*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 01 2006

SPRINGFIELD, ILLINOIS

Ansur America Insurance

Name of Company

Alice F. Jaruzel, AIS
Commercial Analyst
Official - Title

|          | hange in Company's premium or rate  | level pro    | oduced by rate revision effective            | March 1, 2006  |
|----------|---|--------------|--|--|
|          | (1)   |              | (2)<br>Annual Premium                        | (3)<br>Percent                                       |
|          | <u>Coverage</u>   |              | Volume (Illinois)*                           | <u>Change (+ or -)**</u>                             |
| 1.       | Automobile Liability  |              |  |  |
|          | Private Passenger   |              |  |  |
|          | Commercial  |              |  |  |
| 2.       | Automobile Physical Damage  |              | <del></del>                                  |  |
|          | Private Passenger   |              |  |  |
|          | Commercial  |              |  |  |
|          | Liability Other Than Auto   |              |  |  |
| ·.       | Burglary and Theft  |              |  |  |
|          | Glass   |              |  |  |
| •        | Fidelity  |              |  |  |
|          | Surety  |              |  |  |
|          | Boiler and Machinery  |              |  |  |
| ).<br>). | Fire  |              | <u> </u>                                     |  |
| '.<br>). | Extended Coverage   |              |  |  |
| ,.       | Inland Marine   |              |  |  |
|          | Homeowners  |              |  |  |
|          | Commercial Multi-Peril  |              |  |  |
|          |   |              |  |  |
| <b>.</b> | Crop Hail   | <b>#10.4</b> | 02.112                                       |  |
| j.       | Other Workers Compensation  | \$10,4       | 93,113                                       | +6.3% for industrial classes<br>-11.6% for F-classes |
|          | Line of Insurance   |              |  |  |
| es fili  | ing only apply to certain territory (ter                                      | ritories)    | or certain classes? If so, specify:          |  |
| lo.      | ing only uppry to certain territory (ter                                      | 11101103)    | or cerum chasses. If so, speeny.             |  |
|          |   |              |  |  |
|          |   | _            |  |  |
|          | scription of filing. (If filing follows to adopt the January 1, 2006 loss cos |              |  |  |
|          | 5-11.   | is and rat   | ing values as contained in the NC            | CI Approvai Circulai Number                          |
|          |   |              |  |  |
|          |   |              | DIVISION OF INSURANCE                        |  |
|          |   |              | OWNER OF TERMODORDITE                        |  |
|          |   |              |  |  |
|          | usted to reflect all prior rate changes.                                      |              |  |  |
| Cha      | nge in Company's premium level wh   |              |  |  |
| Cha      |   |              | MAR 0 1 2006                                 |  |
| Cha      | nge in Company's premium level wh   |              |  |  |
| Cha      | nge in Company's premium level wh   |              |  |  |
| Cha      | nge in Company's premium level wh   |              | MAR 0 1 2006<br>SPRINGFIELD, ILLINOIS        |  |
| Cha      | nge in Company's premium level wh   |              | MAR 0 1 2006<br>SPRINGFIELD, ILLINOIS        | nsurance Company                                     |
| Cha      | nge in Company's premium level wh   |              | MAR 0 1 2006<br>SPRINGFIELD, ILLINOIS        |  |
| Cha      | nge in Company's premium level wh   |              | MAR 0 1 2006<br>SPRINGFIELD, ILLINOIS        | nsurance Company                                     |
| Cha      | nge in Company's premium level wh   |              | MAR 0 1 2006  SPRINGFIELD, ILLINOIS  Arch In | nsurance Company Name of Company                     |
| Cha      | nge in Company's premium level wh   |              | MAR 0 1 2006  SPRINGFIELD, ILLINOIS  Arch In | Name of Company  State of Leddy, Compliance          |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate le  | vel produced by rate rev                     | vision effective | 2/1/06  |
|---|--|------------------|---|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Prem<br><u>Volume (Illin</u> e |                  | (3)<br>Percent<br><u>Change (+ or -)**</u>                                  |
| <ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> </ol> |  |                  |   |
| 15. Other Workers Comp  | 2,560,67                                     | 2                | WA + 3, 1   |
| Does filing only apply to certain territory (t  Brief description of filing. (If filing follows r   |  |                  |   |
|   | OF INSUITANCE FILLINOIS/IDFPR  0 1 2006      | Kelly R. Mendenl | tral Insurance Company<br>of Company<br>nall, CPCU - Analyst<br>nal – Title |

### **ILLINOIS DEPARTMENT OF INSURANCE**

| nange in Company's premium or rate lev   | vel produced by rate revision effective   | 3/1/06                              |  |
|--|---|-------------------------------------|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br>Volume (Illinois)*                                     | (3)<br>Percent<br>Change (+ or -)** |  |
| Automobile Liability Private   |   |                                     |  |
| Passenger Commercial Automobile Physical Damage                                    |   |                                     |  |
| Liability Other Than Auto  |   |                                     |  |
| Burglary and Theft   |   |                                     |  |
| Glass  |   |                                     |  |
| Fidelity   |   |                                     |  |
| Surety   |   |                                     |  |
| Boiler and Machinery   |   |                                     |  |
| Fire   |   | -                                   |  |
| ). Extended Coverage   |   | •                                   |  |
| I. Inland Marine   |   |                                     |  |
| 2. Homeowners  |   |                                     |  |
| B. Commercial Multi-Peril  |   |                                     |  |
| I. Crop Hail   |   |                                     |  |
| 5. Other Workers Compensation Line of Insurance                                    | 567,449   | 4.1                                 |  |
| dopting NCCI advisory loss costs and rate  | ates of an advisory organization, specify orga<br>ting values effective 3/1/06. | nization):                          |  |
| djusted to reflect all prior rate changes.<br>Change in Company's premium level wh | ich will result from application of new rates.                                  |                                     |  |
|  | Assurance Com-  | and of America                      |  |
|  | Assurance Comp  | me of Company                       |  |
|  |   |                                     |  |
|  | Denise  | Goode, Secretary                    |  |
|  | •   | Official – Title                    |  |
|  |   |                                     |  |
|  | STALL COLL STA  | I. LOE                              |  |
|  | M. 2 0 + 200  | 6                                   |  |
|  | SPRINGFIELD, ILL  | INOIS                               |  |

#### FORM RF-3

| (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or –)**     |
|---|---|---|
| Automobile Liability  | (,  | - · · · · · · · · · · · · · · · · · · · |
| Private Passenger   |   |   |
| Commercial  |   |   |
| Automobile Physical Damage  |   |   |
| Private Passenger   |   |   |
| Commercial  |   |   |
| Liability Other than Auto   |   |   |
| Burglary and Theft DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR      |   |   |
|   |   |   |
| ridelity  | <del></del>                                 |   |
| Surety Boiler and Machinery FEB 0 1 2006                              |   |   |
|   |   |   |
| Fire  |   |   |
| Extended Coverage Inland Marine SPRINGFIELD, ILLINOIS                 |   |   |
| Homeowners  |   |   |
| Commercial Multi-Peril  |   |   |
| Crop Hail   |   |   |
| Workers Compensation CY2004 WP  | 449.223                                     | +                                       |
| Other   | <u>-111,000</u>                             | - <del>10</del> -                       |
| Line of Insurance   | <del></del>                                 | 1                                       |
| Ene of modifiance   |   | + 10%                                   |
|   |   | 10                                      |
| s filing only apply to certain territory (territories) or certain cla | isses? If so, specifyi                      | <u> </u>                                |
|   |   |   |
|   |   |   |
| description of filing (if filing follows rates of an advisory orga    | nization specify organiza                   | ation)                                  |
|   |   | (11011)                                 |
| Rate/Rule filing to increase L  | $c_{\infty} + 149$                          |   |

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

John V. Spain, Director Affinity Programs & Regulatory Relations

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective |  | 02/01/2006                                 |                          |
|---|--|--|--------------------------|
|   | (1)  | (2) Annual Premium                         | (3) Percent              |
|   | <u>Coverage</u>  | Volume (Illinois)*                         | <u>Change (+ or -)**</u> |
| Pa<br>2. Autom  | obile Liability Private ssenger Commercial obile Physical Damage     | <del></del>                                |                          |
|   | vate Passenger Commercial  | <u> </u>                                   | <u> </u>                 |
|   | y Other Than Auto  |  |                          |
| -   | ry and Theft   |  |                          |
| 5. Glass  | <u> </u>   | <del></del>                                |                          |
| <ol> <li>Fidelity</li> <li>Surety</li> </ol>                                  | · · · · · · · · · · · · · · · · · · ·                                |  |                          |
|   | and Machinery  |  |                          |
| 9. Fire   |  |  |                          |
|   | led Coverage   |  |                          |
| 11. Inland  |  | _  |                          |
| 12. Home  |  |  |                          |
| 13. Comm  | ercial Multi-Peril   |  |                          |
| 14. Crop h  | tail   |  |                          |
| 15. Other   | Workers' Compensation  | 302,398                                    | 5.9%                     |
|   | Line of Insurance  | · · · · · · · · · · · · · · · · · · ·      |                          |
| _   | only apply to certain territory (territ<br>territories and classes.  | ories) or certain classes? If so, specify: |                          |
| Brief descr   | iption of filing. (If filing follows rates                           | of an advisory organization, specify org   | anization):              |
| Adoption of th  | ne 1/1/06 loss costs published by NCCI (NC                           | CCI Circular # IL - 05 - 11)               |                          |
|   |  |  |                          |
|   | o reflect all prior rate changes.<br>n Company's premium level which | will result from application of new rates. |                          |
|   |  | Chubb Indemnity Insurance (                |                          |
|   |  | Na   | ime of Company           |
|   |  | Actuarial Officer                          | fred A Arch              |

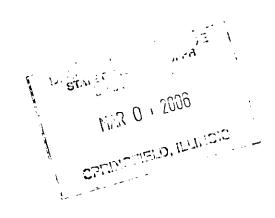
DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

FEB 0 1 2006

SPRINGFIELD, ILLINOIS

### ILLINOIS DEPARTMENT OF INSURANCE

| (1)  | (2)<br>Annual Premium                      | (3)<br>Percent                            |
|--|--|---|
| Coverage   | Volume (Illinois)*                         | Change (+ or -)**                         |
| Automobile Liability Private   |  |   |
| Passenger Commercial   |  |   |
| 2. Automobile Physical Damage  |  |   |
|  |  |   |
| Liability Other Than Auto  |  |   |
| Burglary and Theft   |  |   |
| 5. Glass   |  |   |
| 6. Fidelity  |  |   |
| 7. Surety  |  |   |
| B. Boiler and Machinery  |  |   |
| 9. Fire  |  |   |
| 10. Extended Coverage  |  |   |
| 11. Inland Marine  |  |   |
| 12. Homeowners   |  |   |
| I3. Commercial Multi-Peril   | ··   |   |
| <br>I4. Crop Hail  |  |   |
| 5. Other Workers Compensation  Line of Insurance   | 142,043                                    | 7.3                                       |
| Does filing only apply to certain territory (territor  | ories) or certain classes? If so, specify: | N/A                                       |
| Brief description of filing. (If filing follows rates Adopting NCCI advisory loss costs and rating v |  |   |
| Adjusted to reflect all prior rate changes. *Change in Company's premium level which v               | vill result from application of new rates. | - <u>-</u>                                |
|  |  |   |
|  | Colonial American Cas                      | ualty & Surety Company                    |
|  | Colonial American Cas                      | ualty & Surety Company<br>lame of Company |
|  | N  |   |



## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate leve   | el produced by rate revision effective   | 4-1-06                                      |
|--|--|---|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                                     | (3)<br>Percent<br><u>Change (+ or -)**</u>  |
| Automobile Liability Private   |  |   |
| Passenger Commercial   |  |   |
| Automobile Physical Damage     Private Passenger Commercial                                    |  |   |
| 3. Liability Other Than Auto   |  |   |
| 4. Burglary and Theft  |  |   |
| 5. Glass   | , <u></u>  |   |
| 6. Fidelity  |  |   |
| 7. Surety  |  |   |
| 8. Boiler and Machinery  |  |   |
| 9. Fire  |  |   |
| 10. Extended Coverage  |  |   |
| 11. Inland Marine  |  |   |
| 12. Homeowners   |  |   |
| 13. Commercial Multi-Peril   |  |   |
| 14. Crop Hail  |  |   |
| 15. Other Workers Compensation   | \$94,263   | 6.6%  |
| Line of Insurance  |  |   |
| Does filing only apply to certain territory (te  | rritories) or certain classes? If so, specify:   | No  |
| Brief description of filing. (If filing follows ra<br>NCCI changes approved by circular IL-200 | tes of an advisory organization, specify org<br>5-11. We are not changing multipliers. | ganization): We are filing to adopt the     |
|  |  |   |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whi           | ch will result from application of new rates.  |   |
|  | Descritor  | ro Inquironno Company                       |
|  |  | rs Insurance Company                        |
|  | ,  | and or company                              |
|  | Marie T. Safr  | eed, State Filing Specialist Official Title |
|  |  | Authority and                               |

APR 0 1 2006

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate lev  | el produced by rate revision effective           | 02/01/2006        |
|-----|--|--|-------------------|
|     | (1)  | (2)<br>Annual Premium                            | (3)<br>Percent    |
|     | <u>Coverage</u>  | Volume (Illinois)*                               | Change (+ or -)** |
| 1.  | Automobile Liability Private Passenger Commercial  |  |                   |
| 2.  | Automobile Physical Damage Private Passenger Commercial  |  |                   |
| 3.  | Liability Other Than Auto  |  |                   |
| 4.  | Burglary and Theft   |  |                   |
| 5.  | Glass  |  |                   |
| 6.  | Fidelity   |  |                   |
| 7.  | Surety   |  |                   |
| 8.  | Boiler and Machinery   |  |                   |
| 9.  | Fire   |  |                   |
| 10. | Extended Coverage  |  |                   |
| 11. | Inland Marine  |  |                   |
| 12. | Homeowners   |  |                   |
| _   | Commercial Multi-Peril   |  |                   |
|     | Crop Hail  |  |                   |
| 15. | Other Workers' Compensation  | 37,043,282                                       | 6.0%              |
|     | Line of Insurance  |  |                   |
|     |  |  |                   |
| Do  | es filing only apply to certain territory (  | territories) or certain classes? If so, specify: |                   |
| App | lies to all territories and classes.   |  |                   |
|     |  |  |                   |
|     | . • • • • • •  | rates of an advisory organization, specify orgar | nization):        |
| Ado | ption of the 1/1/06 loss costs published by NCC  | CI (NCCI Circular # IL - 05 - 11)                |                   |
|     |  |  |                   |
|     | of a section of the s |  |                   |
|     | djusted to reflect all prior rate changes.   |  |                   |
|     | nange in Company's premium level wi  | nich will result from application of new rates.  |                   |
|     |  | F-d  |                   |
|     |  | Federal Insurance Company                        | e of Company      |
|     |  | Nam  | e or company      |
|     |  | Actuarial Officer                                | 4 Anh             |
|     |  | √ or   | ficial - Mile     |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

FEB 0 1 2006

SPRINGFIELD, ILLINOIS

#### ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate lev   | el produced by rate revision effective                                    | 3/1/06  |
|---|---|---|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br>Volume (Illinois)*                               | (3)<br>Percent<br><u>Change (+ or -)**</u>                                  |
| Automobile Liability Private  |   |   |
| Passenger Commercial  2. Automobile Physical Damage  Private Passenger Commercial               |   |   |
| Liability Other Than Auto   |   |   |
| Burglary and Theft  |   |   |
| 5. Glass  |   |   |
| 6. Fidelity   | **  |   |
| 7. Surety   |   |   |
| 8. Boiler and Machinery   |   | · · · · · · · · · · · · · · · · · · ·                                       |
| 9. Fire   |   |   |
| 10. Extended Coverage   |   |   |
| 11. Inland Marine   |   |   |
| 12. Homeowners  |   |   |
| 13. Commercial Multi-Peril  |   |   |
| 14. Crop Hait   |   |   |
| 15. Other Workers Compensation  | 2,359,957   | 7.0   |
| Brief description of filing. (If filing follows ra<br>Adopting NCCI advisory loss costs and rat | tes of an advisory organization, specify orgaing values effective 3/1/06. | nization):  |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whi            | Denise  | ompany of Maryland<br>ne of Company<br>Goode, Secretary<br>Official – Title |
|   |   |   |

#### **SUMMARY SHEET**

| (       | Change in (                 | Company's premium or ra                            | te level produced by rate revision effective                          | 01-01-06                 |
|---------|-----------------------------|--|---|--------------------------|
|         |                             | (1)  | (2)<br>Annual Premium   | (3)<br>Percent           |
|         |                             | Coverage   | Volume (Illinois)*  | <u>Change (+ or -)**</u> |
| 1.      |                             | oile Liability<br>Passenger<br>ercial              |   |                          |
| 2.      |                             | oile Physical Damage<br>Passenger<br>ercial        |   |                          |
| 3.      | Liability                   | Other Than Auto                                    |   |                          |
| 4.      | Burglary                    | and Theft  |   |                          |
| 5.      | Glass                       |  |   |                          |
| 6.      | Fidelity                    |  |   |                          |
| 7.      | Surety                      |  |   |                          |
| 8.      | Boiler ar                   | nd Machinery                                       |   |                          |
| 9.      | Fire                        |  |   |                          |
| 10.     | Extended                    | d Coverage   |   |                          |
| 11.     | Inland M                    | larine   |   |                          |
| 12.     | Homeow                      | /ners  |   |                          |
| 13.     | Commer                      | cial Multi-Peril                                   |   |                          |
| 14.     | Crop Ha                     | il   |   |                          |
| 15.     | Other                       | Workers'   | \$14,018,894  | +6.3%                    |
|         |                             | Compensation                                       |   |                          |
|         |                             | Line of Insurance                                  |   |                          |
| Does f  | iling only a                | pply to certain territory (t                       | territories) or certain classes? If so, specify:                      |                          |
| Brief o | lescription<br>revised rate | of filing. (If filing followes, minimum premiums a | s rates of an advisory organization, specify on miscellaneous values. | organization):           |

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



Frankenmuth Mutual Insurance
Name of Company

Alice F. Jaruzel
Commercial Analyst
Official - Title

#### Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Cha          | ange in Company's premium or rate le                    | vel produced by rate revision effective          | 02/01/2006                            |
|--------------|---|--|---------------------------------------|
|              | (1)   | (2)<br>Annual Premium                            | (3)<br>Percent                        |
|              | Coverage  | Volume (Illinois)*                               | <u>Change (+ or -)**</u>              |
| 1.           | Automobile Liability Private                            |  |                                       |
| _            | Passenger Commercial                                    |  |                                       |
| 2.           | Automobile Physical Damage Private Passenger Commercial |  |                                       |
| 3.           | Liability Other Than Auto                               | <del> </del>                                     |                                       |
| 4.           | Burglary and Theft                                      |  |                                       |
| 5.           | Glass   |  |                                       |
| 6.           | Fidelity  | -  |                                       |
| 7.           | Surety  |  |                                       |
| 8.           | Boiler and Machinery                                    | <del></del>                                      |                                       |
| 9.           | Fire  |  |                                       |
| 10.          | Extended Coverage                                       |  |                                       |
| 1 <b>1</b> . | Inland Marine   |  | -                                     |
| 12.          | Homeowners  |  |                                       |
| 13.          | Commercial Multi-Peril                                  |  |                                       |
| 14.          | Crop Hail   |  | <del></del>                           |
| 15.          | Other Workers' Compensation                             | 583,184  | 6.8%                                  |
|              | Line of Insurance                                       | <del></del>                                      |                                       |
|              |   |  |                                       |
| Do           | es filing only apply to certain territory (             | territories) or certain classes? If so, specify: |                                       |
| App          | lies to all territories and classes.                    |  |                                       |
|              |   | · · · · · · · · · · · · · · · · · · ·            |                                       |
|              |   | rates of an advisory organization, specify org   | anization):                           |
| Ado          | ption of the 1/1/06 loss costs published by NCC         | CI (NCCI Circular # IL - 05 - 11)                |                                       |
|              |   |  | · · · · · · · · · · · · · · · · · · · |
|              |   |  |                                       |
|              | justed to reflect all prior rate changes                |  |                                       |
| ***          | hange in Company's premium level w                      | hich will result from application of new rates.  |                                       |
|              |   |  |                                       |
|              |   | Great Northern Insurance Co                      |                                       |
|              |   | Na   | me of Company                         |
|              |   | Actuarial Officer                                | with Suh                              |
|              |   |  | Official - fitte                      |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FEB 0 1 2006 SPRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level  | produced by rate revision effective          | March 1, 2006                                 |
|--|--|---|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br>Volume (Illinois)*  | (3)<br>Percent<br><u>Change (+ or -)**</u>    |
| Automobile Liability Private   |  |   |
| Passenger Commercial   |  |   |
| 2. Automobile Physical Damage  |  |   |
| Private Passenger Commercial   |  |   |
| 3. Liability Other Than Auto   |  |   |
| 4. Burglary and Theft  |  |   |
|  |  |   |
| 6. Fidelity  |  |   |
| 7. Surety  |  |   |
| 8. Boiler and Machinery  |  |   |
| 9. Fire  |  |   |
| 10. Extended Coverage  |  |   |
| 11. Inland Marine  |  |   |
| 12. Homeowners   |  | ,   |
| 13. Commercial Multi-Peril   |  |   |
| 14. Crop Hail  | 0.477  | 6.5%  |
| 15. Other Worker's Compensation<br>Line of Insurance                                   | 3,477  | 6.5%  |
| Does filing only apply to certain territory (terr                                      | itories) or certain classes? If so, specify: | N/A   |
| Brief description of filing. (If filing follows rated Costs                            | tes of an advisory organization, specify o   |   |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | Greenwic                                     | h Insurance Company<br>ame of Company         |
|  | Patricia Poliaro,                            | Senior State Filings Analyst Official – Title |



| Change in Company's premiurevision effective May 1,  |                                     | by rate   |
|--|-------------------------------------|---|
| (1)  | (2)                                 | (3)   |
|  | Annual Premium                      | Percent   |
| <u>Coverage</u>  | Volume (Illinois) *                 | <u>Change (+ or -)**</u>                                  |
| 1. Automobile Liability Private Passenger  |                                     |   |
| Commercial   |                                     |   |
| 2. Automobile Physical Damage<br>Private Passenger<br>Commercial   |                                     |   |
| 3. Liability Other Than Auto   |                                     |   |
| 4. Burglary and Theft  |                                     |   |
| 5. Glass   |                                     |   |
| 6. Fidelity  |                                     |   |
| 7. Surety  |                                     |   |
| 8. Boiler and Machinery  |                                     | <del></del>   |
| 9. Fire  | ·                                   |   |
| 10. Extended Coverage  |                                     |   |
| 11. Inland Marine  |                                     |   |
| 12. Homeowners   |                                     |   |
| 13. Commercial Multi-Peril   |                                     |   |
| 14. Crop Hail  |                                     |   |
| 15. Other Workers Compensation   | 10,208,343                          | +7.5%   |
| Line of Insurance  |                                     |   |
| Does filing only apply to certain If so, specify:  Brief description of filing. (If organization, specify organization | filing follows rates of a           | n advisory  |
| exceptions to be effective May 1,  | 2006 for new and renewal            | business.   |
|  |                                     | DIVISION  |
| * Adjusted to reflect all prior :  ** Change in Company's premium lever result from application of new                 | vel which will                      | DIVISION OF INSURANCE MAY 0 1 2006  SPRINGFIELD, ILLINOIS |
|  | muluus 22 America 2 mada            | "NGFIELD  |
|  | Grinnell Mutual Rein Name of Compan | ny KLIA.  |
|  | Name of Compa                       |   |
|  | Karen Bethea - A                    | ctuary  |
|  | Official - Tit                      |   |
| H29219D  |                                     |   |

#### FORM RF-3

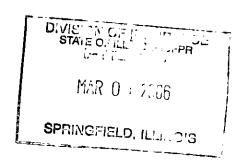
| Change in Company's premium or rate level produced by rate  | revision effective                                  | April 1, 2006.                            |
|---|---|---|
| (1)<br>Coverage   | (2)<br>Annual Premiur<br>Volume (Illinois           |   |
| 1. Automobile Liability   | (   | , , , ,                                   |
| Private Passenger   |   |   |
| Commercial  | <del></del> .                                       |   |
| Automobile Physical Damage     Private Passenger  |   |   |
| Commercial  |   |   |
| 3. Liability Other than Auto  |   |   |
| 4. Burglary and Theft   |   | - TOTAL                                   |
| 5. Glass  | <del></del>   | THE INSURANCE                             |
| 6. Fidelity   | <del></del>   | EDIVIBIO OF ILLINO III ID                 |
| 7. Surety   |   | 1 3 6 9                                   |
| 8. Boiler and Machinery   |   | FEB 0 7 2006                              |
| 9. Fire   |   | EEB 0 / 200                               |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail   |   |   |
| 11. Inland Marine   | 1   |   |
| 12. Homeowners  |   | SPRINGFIELD. ILLINOIS                     |
| 13. Commercial Multi-Peril  |   | _ + -                                     |
| 14. Crop Hail   | <del></del>   | 10.00%                                    |
| 13. Commercial Multi-Peril  14. Crop Hail  15. Workers Compensation  16. Other  | 01 <del>9                                    </del> | +6.3%                                     |
| 15. Workers Compensation 16. Other Line of Insurance SPRINGFIELD, ILLIN Does filing only apply to certain territory (territories) or certain of | classes? If so, specify                             | No  |
|   |   |   |
| Brief description of filing (if filing follows rates of an advisory or  | ganization, specify on                              | ganization)                               |
| At this time, the Manufacturers Alliance Interest the loss costs approved in NCCI's filing # LCM.   |   |   |
| * Adjusted to reflect all prior rate changes.     ** Change in Company's premium level which will result from a                                 | application of new rates.                           |   |
|   |   | anufacturers Alliance Insurance<br>ompany |
|   | _   | Name of Company                           |

Linda R. Greer- WC Product Analyst

Official — Title

### ILLINOIS DEPARTMENT OF INSURANCE

| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u>   |
|---|--|--|
| . Automobile Liability Private  |  |  |
| Passenger Commercial  |  |  |
| . Automobile Physical Damage  |  |  |
| Private Passenger Commercial  |  |  |
| Liability Other Than Auto   |  |  |
| Burglary and Theft  |  |  |
| Glass   |  |  |
| Fidelity  |  |  |
| Surety  |  |  |
| Boiler and Machinery  |  |  |
| Fire  |  |  |
| D. Extended Coverage  |  |  |
| 1. Inland Marine  |  |  |
| 2. Homeowners   |  | ATT & STATE OF THE |
| 3. Commercial Multi-Peril   |  |  |
| 4. Crop Hail  |  | ·  |
| 5. Other Workers Compensation   | 9,422,742  | 6.6  |
| Line of Insurance   |  |  |
| oes filing only apply to certain territory (ter   | ritories) or certain classes? If so, specify: N  | I/A  |
| ief description of filing. (If filing follows rate lopting NCCI advisory loss costs and ratin   | es of an advisory organization, specify organg values effective 3/1/06.                    | anization):  |
| dopting NCCI advisory loss costs and ratin  | ng values effective 3/1/06.  | anization):  |
| dopting NCCI advisory loss costs and ratin  | ng values effective 3/1/06.  | anization):  |
| dopting NCCI advisory loss costs and rating dispersion and ration dispersion and ration dispersion and ration dispersion and ration dispersion | ng values effective 3/1/06.  th will result from application of new rates.                 | anization):  |
| dopting NCCI advisory loss costs and ratin  | ng values effective 3/1/06.  th will result from application of new rates.  Maryland Case  |  |
| dopting NCCI advisory loss costs and ratin  | ng values effective 3/1/06.  The will result from application of new rates.  Maryland Cast | Jalty Company  |



|               | Change in Company's premium or rat revisions effective                               | e level produced by rate         |                            |
|---------------|--|----------------------------------|----------------------------|
|               | (1)  | (2)<br>Annual Premium            | (3)<br>Percent             |
|               | Coverage   | Volume (Illinois)*               | <u>Change (+ or -) **</u>  |
| 1.            | Automobile Liability   |                                  |                            |
|               | Private Passenger  |                                  |                            |
|               | Commercial   |                                  |                            |
| 2.            | Automobile Physical Damage   |                                  |                            |
|               | Private Passenger  |                                  |                            |
|               | Commercial   |                                  |                            |
| 3.            | Liability Other Than Auto  |                                  |                            |
| 4.            | Burglary and Theft   |                                  |                            |
| 5.            | Glass  |                                  |                            |
| 6.            | Fidelity   |                                  |                            |
| 7.            | Surety   |                                  |                            |
| 8.            | Boiler and Machinery   |                                  |                            |
| 9.            | Fire   | -                                |                            |
| 10.           | Extended Coverage  |                                  |                            |
| 11.           | Inland Marine  |                                  |                            |
| 12.           | Homeowners   |                                  |                            |
| 13.           | Commercial Multi-Peril   |                                  |                            |
| 14.           | Crop Hail  |                                  |                            |
| 15.           | Other Workers Compensation   | \$2,558,426                      | 0.0%                       |
|               | Line of Insurance  |                                  |                            |
| Does<br>No    | filing only apply to certain territory (ter  | ritories) or certain classes? If | so, specify:               |
| Adop          | description of filing. (If filing follows rapting NCCI voluntary advisory loss costs | displayed in NCCI circular II    | L-2005-09, with the        |
| Exce<br>of 11 | ption of class code 8304 (Grain Elevator56.  | Operations) for which we wil     | I file an independent rate |
|               | NOE \  |                                  | <del></del>                |
| ** Ad         | just to reflect all prior gate changes.<br>hange she combany's premium level which   | ch will result from application  | of new rates.              |
|               | 1 201 2006   | Michigan Millers Mutual Insu     | rance Company              |
|               | 1 MAI/ 0 1 -   | Name of Co                       |                            |
|               | SICHLINOIS   | Richard A. Ra                    |                            |
|               | SPRINGFIELD, ILLINOIS  | First Vice Presi                 |                            |
|               |  | Official -                       | <del></del>                |

### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

| (1)   | (2)<br>Annual Premium | (3)<br>Percent    |
|---|-----------------------|-------------------|
| <u>Coverage</u>                                     | Volume (Illinois)*    | Change (+ or -)** |
| . Automobile Liability Private Passenger Commercial |                       |                   |
| . Automobile Physical Damage                        |                       |                   |
| Debugge Description                                 |                       |                   |
| . Liability Other Than Auto                         |                       |                   |
| . Burglary and Theft                                |                       |                   |
| . Glass   |                       |                   |
| . Fidelity  |                       |                   |
| Surety  |                       |                   |
| . Boiler and Machinery                              |                       |                   |
| . Fire  |                       |                   |
| Extended Coverage                                   |                       |                   |
| 1. Inland Marine                                    |                       |                   |
| 2. Homeowners                                       |                       |                   |
| Commercial Multi-Peril                              |                       |                   |
| 4. Crop Hail  |                       |                   |
| 5. Other Workers Compensation Line of Insurance     | 410,328               | 4.8               |
|   |                       |                   |

Northern Insurance Company of New York D.V.C. NO. Denise Goode, Secretary Name of Company MAR 0 1 2006 SPRINGFIELD, ILLINOIS

<sup>\*</sup>Adjusted to reflect all prior rate changes.
\*\*Change in Company's premium level which will result from application of new rates.

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cn | ange in Company's premium or rate lev  | el produced by rate revision effective             | 02/01/2006                                 |
|----|--|--|--|
|    | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private<br>Passenger Commercial   |  |  |
| 2. | Automobile Physical Damage Private Passenger Commercial  |  |  |
| 3. | Liability Other Than Auto  |  |  |
| 4. | Burglary and Theft   |  |  |
| 5. | Glass  |  |  |
| 6. | Fidelity   |  |  |
| 7. | Surety   |  |  |
| 8. | Boiler and Machinery   |  |  |
| 9. | Fire   |  |  |
|    | Extended Coverage Inland Marine  | <del></del>  |  |
|    | Homeowners   |  |  |
|    | Commercial Multi-Peril   |  |  |
|    | Crop Hail  |  |  |
|    | Other Workers' Compensation  | 2,627,936  | 5.3%                                       |
|    | Line of Insurance  | 2,027,000  | 3.376                                      |
|    | es filing only apply to certain territory (f<br>dies to all territories and classes.           | erritories) or certain classes? If so, specify:    |  |
|    | ef description of filing. (If filing follows reption of the 1/1/06 loss costs published by NCC | ates of an advisory organization, specify orga     | nization):                                 |
|    | phon of the 17 hoo iss code pasiance by Noc  | (NOOI OIICUIAI # 12 - 00 - 11)                     |  |
|    | djusted to reflect all prior rate changes.<br>Change in Company's premium level wh             | nich will result from application of new rates.    |  |
|    |  | Pacific Indemnity Company Nam                      | ne of Company                              |
|    |  | Actuarial Officer                                  | thicket Tille J Stuh                       |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
FEB 0 1 2006

SPRINGFIELD, ILLINOIS

#### FORM RF-3

| Coverage Annua  | (2) (3)  Premium Percent e (Illinois)* Change (+ or -)** |
|---|--|
|   |  |
| 1. Automobile Liability   |  |
| Private Passenger   |  |
| Commercial  |  |
| Automobile Physical Damage  |  |
| Private Passenger   | <del></del>  |
| Commercial  |  |
| 3. Liability Other than Auto  |  |
| 4. Burglary and Theft   |  |
| 5. Glass  | MANGE  |
| 6. Fidelity   | DIVISION OF INSURANCE                                    |
| 7. Surety   |  |
| 8. Boiler and Machinery   |  |
| 9. Fire   | FEB 6 7 2006   |
| 10. Extended Coverage   | PED 01 Laco  |
| 11. Inland Marine   |  |
| 12. Homeowners  | SPRINGFIELD, ILLINOIS                                    |
| 13. Commercial Multi-Peril  | SPAIRCA ALLO   |
| 14. Crop Hail   |  |
|   | 395 +6.3%  |
| 16. Other   |  |
| Line of Insurance   |  |
| Does filing only apply to certain territory (territories) or certain classes? If so   | , specify <u>No</u>                                      |
| Brief description of filing (if filing follows rates of an advisory organization, s  At this time, the Pennsylvania Manufacturers Inder adopt the loss costs approved in NCCI's filing #IL- | nnity Company (NAIC #41424) files to                     |
| 1.250 LCM.  |  |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR APR 0 1 2006 SPRINGFIELD, ILLINOIS

| Pennsylvania Manufacturers Indemnity<br>Company |  |  |
|---|--|--|
| Name of Company                                 |  |  |
| Linda R. Greer- WC Product Analyst              |  |  |
| Official — Title                                |  |  |

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

#### **FORM RF-3**

| Change in Company's premium or rate level produced by rate revi  | ision effective                      | April 1, 2006.               |
|--|--------------------------------------|------------------------------|
| (1)  | (2)                                  | (3)                          |
| Coverage   | Annual Premium<br>Volume (Illinois)* | Percent<br>Change (+ or –)** |
| 1. Automobile Liability  | ` '                                  | 5 ( )                        |
| Private Passenger  |                                      |                              |
| Commercial   |                                      |                              |
| 2. Automobile Physical Damage  |                                      |                              |
| Private Passenger  |                                      |                              |
| Commercial   |                                      |                              |
| 3. Liability Other than Auto   |                                      |                              |
| 4. Burglary and Theft  |                                      |                              |
| 5. Glass   |                                      |                              |
| 6. Fidelity  | DIVIS                                |                              |
| 7. Surety  |                                      | ATE OF ILLINOIS/IDENIA       |
| 8. Boiler and Machinery  |                                      |                              |
| 9. Fire  |                                      | FFD A # 0886                 |
| 10. Extended Coverage 11. Inland Marine 12. Homeowners  DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR  |                                      | FEB 0 7 2006                 |
| 11. Inland Marine DIVISION STATE OF ILLINOISMO   |                                      |                              |
| 12. Homeowners   | 1 900                                | INGFIELD, ILLINOIS           |
| 13. Commercial Multi-Peril 1   | 0111                                 | MGFIELD, ILLINOIS            |
| 14. Crop Hail APR U 1 2000   |                                      |                              |
| 15. Workers Compensation (   | 2,623,181                            | +6.3%                        |
| 16. Other Line of Insurance SPRINGFIELD, ILLINOIS  |                                      |                              |
| Line of Insurance SPRINGFIELU, ILLIN   |                                      |                              |
| and the same of th |                                      |                              |
|  | 016                                  | No                           |
| Does filing only apply to certain territory (territories) or certain clas  | ses? if so, specify                  | <u>No</u>                    |
|  |                                      |                              |
| -  |                                      |                              |
|  | _                                    |                              |
| Brief description of filing (if filing follows rates of an advisory organ  | iization, specify organiza           | ation)                       |

At this time, the Pennsylvania Manufacturers' Association Insurance Company (NAIC #12262) files to adopt the loss costs approved in NCCI's filing #IL-2005-11 for use against our approved 1.540 LCM.

| Pennsylvania Manufacturers' Association Insurance Company |
|---|
| Name of Company   |
| Linda R. Greer- WC Product Analyst                        |
| Official — Title  |

 <sup>\*</sup> Adjusted to reflect all prior rate changes.
 \*\* Change in Company's premium level which will result from application of new rates.

#### FORM RF-3

|   | LOB: _        | Workers' Compensation   | •  |
|---|---------------|---|--|
| Change in Company's premium o   | or rate level | produced by rate revision effective   | February 1, 2006   |
| (1)<br>· Coverage   |               | (2)<br>Annual Premium<br>Volume (Illinois)*   | (3) Percent Change ( + or - )**  |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril |               | VOIDITE (IIIIIQIS)  | DIVISION OF ITCHRANCE STATE OF ILL  STATE OF |
| <ul><li>14. Crop Hail</li><li>15. Workers Compensation</li></ul>  |               | 5,179,838   | 8.2%   |
| Line of Insuran  Does filing only apply to certain territe  |               | ies) or certain classes? If so, specify <b>N</b> /                                  | Α  |
|   |               | of an advisory organization, specify orga<br>CI circular IL-2005-11 using our curre |  |
| * Adjusted to reflect all prior rate change in Company's premium le   |               | will result from application of new rates.  |  |
|   | _             | Universal Underwriters Ins  |  |
|   |               | Name of Com   | pany   |
|   | _             | Terri L. Smith - Government<br>Official - Tit                                       |  |

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Unange in Company's premium or rate level                                       | produced by rate revision effective           | 02/01/2006               |
|---|---|--------------------------|
| (1)   | (2)<br>Annual Premium                         | (3)<br>Percent           |
| <u>Coverage</u>   | Volume (Illinois)*                            | <u>Change (+ or -)**</u> |
| Automobile Liability Private  |   |                          |
| Passenger Commercial  |   |                          |
| <ol> <li>Automobile Physical Damage<br/>Private Passenger Commercial</li> </ol> |   |                          |
| 3. Liability Other Than Auto  |   |                          |
| I. Burglary and Theft   |   | -                        |
| 5. Glass  |   | <u> </u>                 |
| 5. Fidelity   |   |                          |
| 7. Surety   |   |                          |
| B. Boiler and Machinery   |   |                          |
| . Fire  |   |                          |
| Extended Coverage   |   |                          |
| Inland Marine   |   |                          |
| 2. Homeowners   |   |                          |
| 3. Commercial Multi-Peril   |   |                          |
| 4. Crop Hail  |   |                          |
| 5. Other Workers' Compensation  | 2,751,313                                     | 8.0%                     |
| Line of Insurance   |   |                          |
|   |   |                          |
| Does filing only apply to certain territory (ter                                | ritories) or certain classes? If so, specify: |                          |
| applies to all territories and classes.   |   |                          |
|   |   | :                        |
| Brief description of filing. (If filing follows rat                             | • -   | ganization):             |
| Adoption of the 1/1/06 loss costs published by NCCI (I                          | NCCI Circular # IL + 05 - 11)                 | <del></del>              |
| ***   |   |                          |
| A A I I A I A I A I A A A A A A A A A A   |   |                          |
| Adjusted to reflect all prior rate changes.                                     | 1 91 14 £                                     |                          |
| *Change in Company's premium level whic   | n will result from application of new rates.  |                          |
|   |   |                          |
|   | Vigilant Insurance Company                    |                          |
|   | N   | ame of Company           |
|   | Actuarial Officer                             | full Auch                |
|   |   | Official / Title         |



#### SUMMARY SHEET

|     | Change in Company's Premium or r                          | rate level produced by rate revision effective    | 3/1/2006                     |
|-----|---|---|------------------------------|
|     | (1)   | (2)   | (3)                          |
|     | Coverage  | Annual Premium Volume (Illinois)*                 | Percent<br>Change (+ or -)** |
| 1.  | Automobile Liability                                      |   |                              |
|     | Private Passenger   |   |                              |
|     | Commercial  |   |                              |
| 2.  | Automobile Physical Damage                                |   |                              |
|     | Private Passenger   |   |                              |
|     | Commercial  |   |                              |
| 3.  | Liability Other Than Auto                                 |   |                              |
| 4.  | Burglary and Theft  |   |                              |
| 5.  | Glass   |   |                              |
| 6.  | Fidelity  |   |                              |
| 7.  | Surety  |   |                              |
| 8.  | Boiler and Machinery                                      |   |                              |
| 9.  | Fire  |   |                              |
| 10. | Extended Coverage   |   |                              |
| 11. | Inland Marine   |   |                              |
| 12. | Homeowners  |   |                              |
| 13. | Commercial Multi-Peril                                    |   |                              |
| 14. | Crop Hail   |   |                              |
| 15. | Other Workers Compensation Line of Insurance              | 56,929,929  | 6.5%                         |
|     | 4 <b>.</b>  | erritories) or certain classes? If so, specify:   |                              |
|     | -   |   |                              |
|     | description of filing. (If filing follows ee Cover Letter | rates of an advisory organization, specify organi | ization):                    |

- \* Adjusted to reflect all prior rate changes.
  \*\* Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company Name of Company

Pam Allison, CPCU, AU - Product Development Specialist Official - Title

H29219D



#### **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

| change in Company's premium or rate level  | produced by rate revision effective       | March 1, 2006                  |
|--|---|--------------------------------|
| (1)  | (2)<br>Annual Premium                     | (3)<br>Percent                 |
| <u>Coverage</u>  | Volume (Illinois)*                        | <u>Change (+ or -)**</u>       |
| . Automobile Liability Private   |   |                                |
| Passenger Commercial   |   |                                |
| . Automobile Physical Damage   |   |                                |
|  |   |                                |
| . Liability Other Than Auto  |   |                                |
| Burglary and Theft   |   |                                |
| Glass  |   |                                |
| Fidelity   |   |                                |
| Surety   |   |                                |
|  |   |                                |
|  |   |                                |
|  |   |                                |
| . Inland Marine  |   |                                |
| 2. Homeowners  |   |                                |
| Commercial Multi-Peril   |   |                                |
| I. Crop Hail   |   |                                |
| 5. Other Worker's Compensation Line of Insurance   | 281,598                                   | 6.5%                           |
| oes filing only apply to certain territory (territory) rief description of filing. (If filing follows rate |   |                                |
| djusted to reflect all prior rate changes.   |   |                                |
| Change in Company's premium level which  | will result from application of new rates |                                |
|  | YI Specie                                 | ity Insurance Company          |
|  |   | lame of Company                |
|  | Patricia Pollard                          | , Senior State Filings Analyst |
|  |   | Official – Title               |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2006

SPRINGFIELD, ILLINOIS

### **ILLINOIS DEPARTMENT OF INSURANCE**

| Cha | ange in Company's premium or rate leve   | I produced by rate revision effective                                     | 3/1/06  |
|-----|--|---|---|
|     | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br>Volume (Illinois)*                               | (3)<br>Percent<br>Change (+ or -)**   |
| 1   | Automobile Liability Private   |   |   |
| ٠.  | Passenger Commercial   |   |   |
| 2.  | Automobile Physical Damage   |   |   |
| 3.  | Liability Other Than Auto  |   |   |
| 4.  | Burglary and Theft   |   | 10.00   |
| 5.  | Glass  |   |   |
| 6.  | <del></del>  |   |   |
|     | Surety   |   |   |
|     | Boiler and Machinery   | -   |   |
|     | Fire   | ***************************************                                   |   |
|     |  |   |   |
|     | Extended Coverage Inland Marine  |   |   |
|     |  | <del></del>   |   |
|     | Homeowners Commercial Multi-Peril  |   |   |
|     | Crop Hail  | <del></del>   |   |
|     | Other Workers Compensation   | 155,332,019   | 3.7   |
| 15. | Line of Insurance  | 100,002,019   | 5.1   |
| Ado | ef description of filing. (If filing follows rate opting NCCI advisory loss costs and ratin light price to reflect all prior rate changes. | es of an advisory organization, specify org<br>g values effective 3/1/06. | anization):   |
|     |  | h will result from application of new rates.                              |   |
|     |  |   |   |
|     |  |   | nsurance Company  |
|     |  | <b>N</b>  | lame of Company   |
|     |  | Donie   | e Goode, Secretary  |
|     |  | Derils  | Official – Title  |
|     |  |   |   |
|     |  |   | o en como de la compansión |
|     |  | 81.5 (A. 1924)  | TOTALSTOE   |
|     |  | 0 52.21   | i 2006  |
|     |  | PRINCHE!  | D, ILIJNOIS   |

### **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

| Change in Company's premium or rate I                         | evel produced by rate revision effective            | 3/1/06                                     |
|---|---|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br>Volume (Illinois)*         | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private                                  |   |  |
| Passenger Commercial  |   |  |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |   |  |
| 3. Liability Other Than Auto                                  |   |  |
| 4. Burglary and Theft   |   |  |
| 5. Glass  |   |  |
| 6. Fidelity   | · .   |  |
| 7. Surety   |   |  |
| 8. Boiler and Machinery                                       |   |  |
|   |   |  |
| 9. Fire   |   |  |
| 10. Extended Coverage   |   |  |
| 11. Inland Marine   |   |  |
| 12. Homeowners  |   |  |
| 13. Commercial Multi-Peril                                    |   |  |
| 14. Crop Hail   |   |  |
| 15. Other Workers Compensation Line of Insurance              | 2,828,019   | 3.5  |
|   | (territories) or certain classes? If so, specify: i |  |
| Adjusted to reflect all prior rate changes                    |   |  |
| Change #1 Company's premium level w                           |   |  |
|   |   | ance Company of Illinois ame of Company    |
|   | 5   | Ocada Cassates                             |
|   | Denise  | Goode, Secretary Official – Title          |
|   |   | Oncial – Title                             |
|   | T L si  | A COOC                                     |
|   | ,<br>;  | 1 200b                                     |

CETTO SPIELD, ILLINOIS